

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/926447

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3	1						53					
4	①						54					
5	①						55					
6	①						56					
7	①						57					
8	① 2						58					
9	2 ①						59					
10	① 1						60					
11	1 ①						61					
12	① 1						62					
13	2 ①						63					
14	① 2						64					
15	2 ①						65					
16	① 2						66					
17	1 ①						67					
18	1 ②						68					
19	1 ①						69					
20	① 2						70					
21	1 ①						71					
22	① 1						72					
23	1 ①						73					
24	① 1						74					
25	1 ①						75					
26	① 1						76					
27	1						77					
28	1						78					
29	2						79					
30	① 1						80					
31	1 ①						81					
32	① 1						82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	35						TOTAL DEP.					
TOTAL CLAIMS	40						TOTAL CLAIMS					